

Meeting agenda and outcomes for AmEAG

Thursday 26 January 2023: 2pm – 3:30pm via TEAMS

1: Recognition

1. Introductions, apologies and declarations of interest (Chair)

| Item 1.1 | Progress review | Time of item 10 minutes |
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| Description | <p>Recommendations agreed at last meeting:</p> <ul style="list-style-type: none"> • Antimicrobial Resistance Alliance - ACTION: RPS team to arrange a call between MG and PH with PB to discuss – <i>still to be completed</i> • LD - Bringing people together to form stakeholder group around pharmacy undergraduate teaching for AMS. Working with BSAC given experience in promoting medical undergraduate work. https://bsac-kaw.co.uk/ . LD updated group – They are embedding AMR in curriculum (Main) sub group to look at supporting materials. Plans are to share workplans, at a further meeting next week – expert group to review resources. MG has been invited onto the education group and currently still understanding how RPS will link in with the group re: support + action. <i>ACTION – To update going forward</i> | |

APOLOGIES

Aaron Brady, Diane Ashiru-Oredope, Nicholas Reid

Wing Tang

IN ATTENDANCE

Mark Gilchrist, Avril Tucker, Ceri Philips, Frances Garraghan, Pretty Ramdut, Stephen Hughes, Conor Jamieson, Kirsteen Hill, Kieran Hand, Phil Howard, Louise Dunsmure, Rakhi Aggarwal

Parastou Donyai, Rebecca Braybrooks

2: Relevance

Consider tabled items, consider future areas of interest for the next six months and consider longer-term horizon scanning.

| Item 2.1 | Welcome and introductions Led by Mark Gilchrist | 5 minutes |
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| Purpose | To introduce new members and existing members | |
| | <i>The chair welcomed members, there were no formal apologies and thanked everyone for joining the meeting.</i> | |

| Item 2.2 | DHSC – Antimicrobial resistance national action plan call for evidence | 5 minutes |
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| | Led by Mark Gilchrist | |
| Purpose | To update on the submission on 20 th January 2023 | |
| | <p><i>The Chair thanked everyone for their help on completing the consultation on time. It worked well.</i></p> <p><i>Chair also thanked Laura Wilson (not in attendance) for her help with note taking, pulling the response together and submitting.</i></p> | |

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| Item 2.3 | World Antimicrobial Awareness Week Review Led by Mark Gilchrist | 15 minutes |
| Purpose | To review feedback from group members on WAAW 2022 RPS toolkit To discuss potential opportunities to develop the antibiotic amnesty resources in 2023 | |
| | <p><i>The Chair showed slides on interactions/ stats on the Rpharms website for WAAW and AMR pages.</i></p> <p><i>These showed appetite for the information and will require momentum to keep these relevant and useful.</i></p> <p><i>PH – currently doing some research around barriers and enablers for the antibiotic amnesty with 4 Univ of Huddersfield MPharm UG students currently</i></p> <p><i>CJ - Vignettes and case studies, findings from research projects would help make it real for people</i></p> <p><i>RA - Would have been useful to share the multi lingual resources also that we had already developed. Locally we had uptake of that</i></p> <p><i>CJ - Vets and vet organisations really got behind it; it was challenging to get them to align to RPS resources and site, but we did manage some shared messaging</i></p> <p><i>CJ - Massive thanks to Stuart & Regina for all the work they did at pace to get the website ready for November 2022</i></p> <p><i>CJ/ Rakhi – good platform on how to run an amnesty. Good to have RPS platform. Research can be added to the site.</i></p> <p><i>Feedback on the website was it was sometimes hard to navigate and accessibility to the site needs work as it requires too many clicks to get to the important information.</i></p> <p>ACTION – Gather further ideas for website and meet with RPS Communications to review</p> <p>ACTION – PD to take forward to National Boards how to improve this and get more impact</p> | |

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| Item 2.4 | Group A Streptococcus infection and the role of the RPS AmEAG Led by Kieran Hand | 15 minutes |
| Purpose | Increased incidence of Group A Streptococcus infection and the role of the RPS AmEAG in these situations | |
| | <p><i>KH shared slides discussing the timeline of events:</i></p> <ul style="list-style-type: none"> • Increase in respiratory illness • Lower thresholds • Sudden surge in demand Nov/ Dec • Effected Europe • Incident management team established ukSHA and devolved nations – clinical guidance drafted NHSE menu of antibiotics shared • Data analysis – forecasting stock levels • SSPs penicillinV – swapping sugar/ sugar free • Extended SSP to swap antibiotics, switching to different classes if necessary • UK stock piles released clarithromycin • SPS – promote solid dose forms where it was safe, crushing tablets etc <p><i>Acknowledgement that this was a rapidly evolving situation however there was a risk that potential outputs / guidance could say different things.</i></p> <p><i>Reflections were discussed around how RPS uses AMEAG to help advise on messaging / promotion of guidance. There were a number of documents released with RPS branding which AMEAG were unaware of.</i></p> <p><i>How does AMEAG feed into RPS members / devolved nation boards in such a situation?</i></p> <p>ACTION: MG to discuss with PD around RPS interaction with AMEAG and reflective discussions</p> | |

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| Item 2.5 | Highlighting areas of interest to RPS for 2023 Led by Mark Gilchrist / All | 30 minutes |
| Purpose | To increase RPS awareness around particular AMR issues during 2023 | |
| | <p><i>RA/ KT: Any updates to the Strep A de-escalation plan?</i> <i>General consensus that primary care prescribing has increased hugely – We need to think around how we help support community pharmacy and wider disciplines with reduction strategies.</i></p> <p><i>KH – UKSHA incidence have dropped to about 20%. Slight uptick this week. Guidance will remain in place until reassurance that incidences are low. Will reconvene after rates of infection settled. Acute respiratory infection levels are high, not just scarlet fever. Agree regarding how to support prudent prescribing measures and behaviours. Can RPS help with that?</i></p> <p><i>PH –</i></p> <ol style="list-style-type: none"> 1. <i>Update on PGx aminoglycosides and deafness survey results from all English and some devolved countries. Poor implementation of MHRSA DSU in Jan-21 and low testing. Full results to follow. [ACTION]</i> 2. <i>Penicillin allergy delabelling - lots starting to happen and will impact on all sectors of pharmacy.</i> | |

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| | <p>3. WHO Europe have mapped the supply chain of all off-patent human and animal antibiotics. Will also allow data for climate change. (fragile environment) and help to understand factors breakdown in supply chain for strep A.</p> <p>AT – funding for local POC testing to screen for strep A sore throat. Acute cough to be educated on. Diverting to local pharmacy and only referring to GP for bacterial. Starting this now for next winter – pilot in 2 community pharmacies. This will hopefully reduce GP appointment.</p> <p>CP – Work ongoing around UTI management – test and treat in pharmacy. All Wales survey for penicillin delabelling – to share results [ACTION]</p> <p>KHI - Big focus in Scotland on more OHPAT/COPAT services and penicillin delabelling (virtual wards). National monograph reviews.</p> <p>KH - CQUIN IV to oral switch point prevalence survey – hopeful hospital will sign up; bare minimum data collection. Pilot next week.</p> <p>CJ - Developing a digital vision on AMS, following focus group work up with a survey. Primary care and secondary care.</p> <p>Thank you for CwPAMS push (FG)</p> <p>Themes for next meeting</p> <ul style="list-style-type: none"> - Update on AT pilot and POCT - How can RPS support penicillin allergy delabelling advice - Primary care – how can RPS help support primary care return to baseline prescribing |
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3. Additional Information

The following information has been shared with chair or advisory group members:

| What | When |
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| AmEAG letter in support of FIP re-instatement | July 2022 |
| RPS endorsement for Antimicrobial IVOS Criteria and Tool (with Chair) | Aug 2022 |
| AmEAG vacancy applications (with Chair) | Aug 2022 |
| Invitation to reform roundtable led by UKHSA (with MG and LD) | Aug 2022 |
| Multiple meetings and drafts to discuss content for World Antimicrobial Awareness Week | July-Sept 2022 |
| Welcome to AmEAG confirmations for new members of AmEAG | Sept 2022 |
| FW: aminoglycoside/genomic testing survey | Sept 2022 |
| NICE: Urinary tract infections in adults (update) consultation | Oct 2022 |
| RE: AMS / RPS website post AMEAG meeting | Oct 2022 |

ROYAL PHARMACEUTICAL SOCIETY

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| Invitation to RPS Celebration of Science, Thursday 10 November 2022, 1.30pm – 7pm | Oct 2022 |
| CwPAMS 2 information for NHS stakeholders | Oct 2022 |
| RPS response to Times article | Oct 2022 |
| RE: Media Enquiry: Antibiotic usage in primary care settings such as community pharmacists. | Nov 2022 |
| RE: IMPORTANT FOR ACTION: DHSC Call for Evidence AMR National Plan | Nov 2022 |
| Invite to members of the AmEAG- Join our expert panel of CwPAMS grant assessors | Dec 2022 |
| RE: AmEAG to discuss response to DHSC call for evidence on AMR | Dec 2022 |

Relevant upcoming events and webinars
<https://www.rpharms.com/events>